

City of Ankeny
Emergency
Operations Plan

Message/Resource Request Form ICS 213
Incoming___ Outgoing___ Message No.____
Priority___ Life Safety___ Urgent___ Routine___
Incident Name:_____
Telephone/Radio message confirmation? Yes No

TO:

From: (Originator)

Message:

Initial Distribution: (Goldenrod - Originator) (Green/Yellow/Pink-Addressee) (White - Communications Center)

Reply: Incoming___ Outgoing___ Date: Time: (24hr)

Telephone/Radio message confirmation? Yes No

TO:

From: (Responder)

Message:

Reply Distribution: (Green - Responder) Yellow - Originator) (Pink - Communications Center)